WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 147

Registered No. 283.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township or Village

City Globe No. St., Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Santa Maria (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female | To be answered ONLY in event of plural births. | 4. Twin, triplet or other | 5. No., in order of birth | 6. Legitimate? Yes. | 7. Date of birth 11-6-25 (Month Day Year)

8. FATHER

Full name Pedro Santa Maria

9. Residence (Usual place of abode) Globe

If non-resident, give place and state. Arizona

10. Color or race Mex. | 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) (State or country) Mexico

13. Occupation Nature of industry Miner

14. MOTHER

Full maiden name Tomassa Porras

15 Residence (Usual place of abode) Globe

If non-resident, give place and state. Arizona

16 Color or race Mex. | 17. Age at last birthday 19 (Years)

18. Birthplace (city or place) (State or country) Mexico

19. Occupation Nature of industry Housewife.

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~) at 5:00 P m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C W Adams

Globe, Arizona (Physician or midwife).

Given name added from a supplemental report (Month, day, year)

Address

Filed Nov 30, 1925 W W Hart Registrar

Registrar

441-1106-372